

PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. We should be grateful if you could complete one for each family member within/joining the practice.

Name: _____ D.O.B. ____/____/____

Do you need an interpreter or sign language support?

YES

NO

If you do need an interpreter what language do you speak? _____

What is your ethnic group?

Choose **ONE** section from A to E the tick **ONE** box which **best describes** your ethnic group or background.

A White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please write in _____

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic group

C Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in _____

D African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Black, Black Scottish or Black British
- Other, please write in _____

E Other Ethnic Group

- Arab
- Other, please write in _____

If you do not wish to give this information, please tick here